


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90038 006 ****61.25


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|---|-------------------------|--|--|---|--|
| DOCUMENT # 739962 | | | |  | |
| 1. Entity Name BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA SUBORDINATE LODGE OF OKE | | | | | |
| Principal Place of Business HIGHWAY 70 EAST P.O. BOX 1341 OKEECHOBEE, FL 34972 | | Mailing Address HIGHWAY 70 EAST P.O. BOX 1341 OKEECHOBEE, FL 34972 | | 01182007 Chg-NP CR2E037 (12/06) | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 51-0227932 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| YOUNG, ANTHONY T. 975 SW 136TH AVE OKEECHOBEE, FL 34974 | | | | Name <u>THOMAS E. ELMORE</u> Street Address (P.O. Box Number is Not Acceptable) <u>1855 NW FRONTIER DRIVE</u> City <u>LAKE CITY</u> FL Zip Code <u>32055</u> | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Thomas E. Elmore Chairman Trustee</u> DATE <u>2/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | ER | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RILEY, LILLIAN | | NAME | | |
| STREET ADDRESS | 1125 SE 21ST ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | OKEECHOBEE, FL 34974 | | CITY-ST-ZIP | | |
| TITLE | SEC. TRUSTEE | <input type="checkbox"/> Delete | TITLE | TRUSTEE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BASIL, ERNEST L | | NAME | | |
| STREET ADDRESS | 2631 SE 33RD ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | OKEECHOBEE, FL 34974 | | CITY-ST-ZIP | | |
| TITLE | TREA | <input checked="" type="checkbox"/> Delete | TITLE | TRUSTEE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELMORE, THOMAS | | NAME | THOMAS E. ELMORE | |
| STREET ADDRESS | 1125 SE 21ST ST. | | STREET ADDRESS | 1855 NW FRONTIER DR. | |
| CITY-ST-ZIP | OKEECHOBEE, FL 34974 | | CITY-ST-ZIP | LAKE CITY, FL. 32055 | |
| TITLE | TRUSTEE | <input type="checkbox"/> Delete | TITLE | TRUSTEE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASPERSON, GARY | | NAME | | |
| STREET ADDRESS | 8740 NE 12TH LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | OKEECHOBEE, FL 34974 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Thomas E. Elmore</u> | | | | Date <u>2/16/07</u> Debyte Phone # <u>863-801-3142</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

| | | | | | |
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| Zip | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
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| YOUNG, ANTHONY T. 975 SW 136TH AVE OKEECHOBEE, FL 34974 | | | Name THOMAS E. ELMORE Street Address (P.O. Box Number is Not Acceptable) 1855 NW FRONTIER DRIVE City LAKE CITY FL Zip Code 32055 | | |
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| SIGNATURE <i>Thomas E. Elmore</i> | | <i>Chairman Trustee</i> | | DATE 2/16/07 | |
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| NAME | ELMORE, THOMAS | | | NAME | THOMAS E. ELMORE |
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| SIGNATURE: <i>Thomas E. Elmore</i> | | DATE: 2/16/07 | | DAYTIME PHONE #: 863-801-3142 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

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